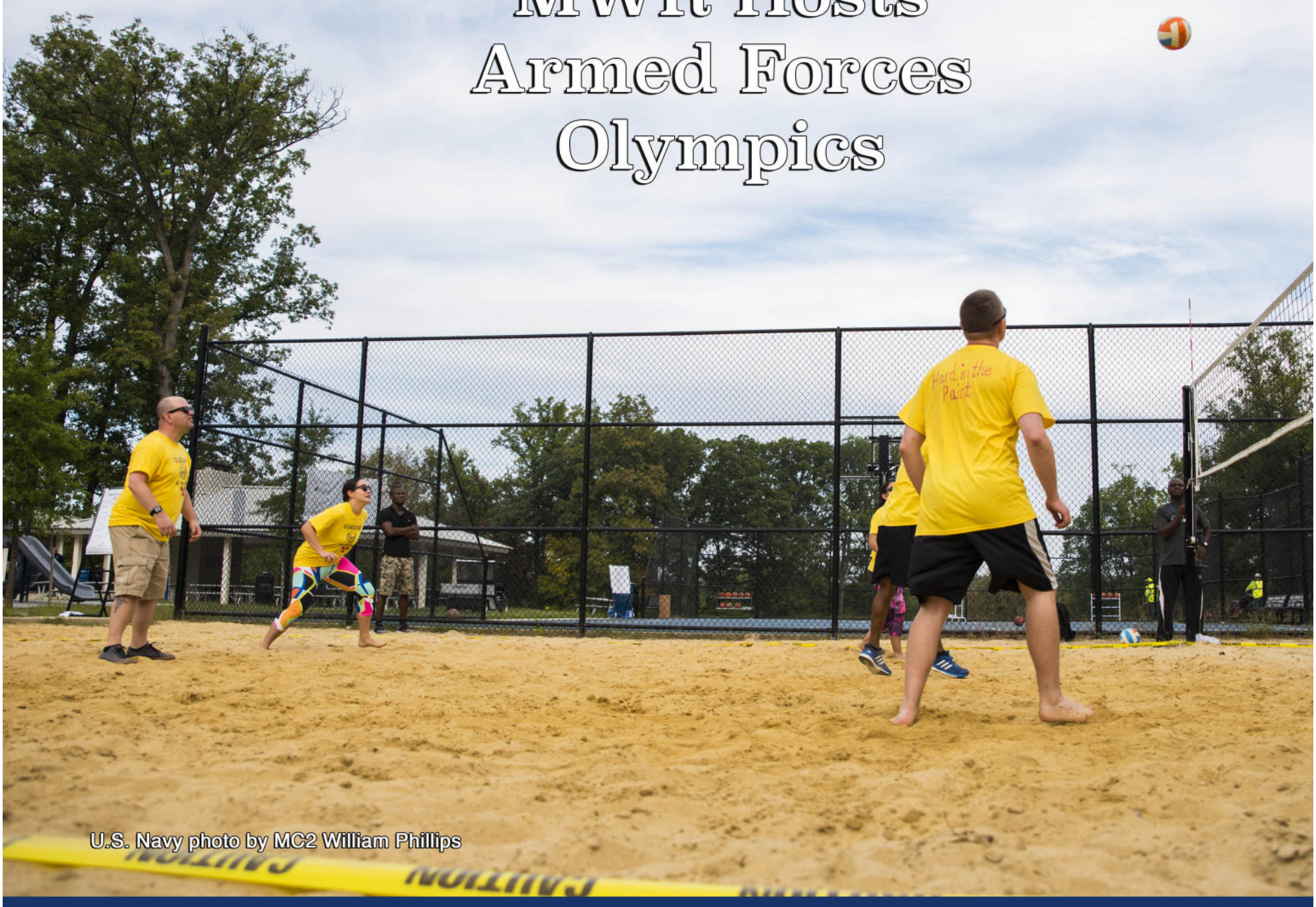
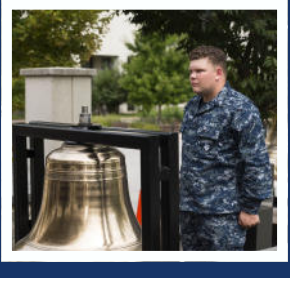
The Journal

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MWR Hosts Armed Forces Olympics



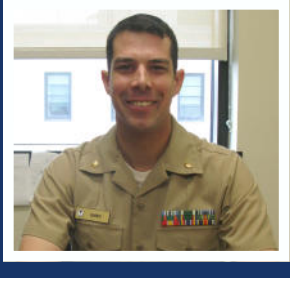
U.S. Navy photo by MC2 William Phillips



NSAB Rings Bells for Fallen Service Members - Page 3



USU, WVU Partner to Fight Opioid Epidemic - Page 4



WRB Celebrates National Penicillin Allergy Day - Page 5

NAS Key West Opens EFAC for Returning Evacuees



PHOTO BY JOLENE SCHOLL

Naval Air Station Key West Morale, Welfare and Recreation staff members Maria Altamuro, left, and Emma Harlow assist DOD civilian personnel at the Emergency Family Assistance Center, Sigsbee Park Fleet and Family Center. Military families and DOD civilians are returning after being evacuated Sept. 7 for Hurricane Irma.

By Jolene Scholl
www.navy.mil

Naval Air Station Key West's Fleet and Family Support Center has established an Emergency Family Assistance Center program at its office on Sigsbee Park to provide support and coordinate services for families returning from the Hurricane Irma evacuation Sept. 22, 2017.

The EFAC, which provides housing, insurance, counseling and financial support, is open 8 a.m. — 8 p.m. daily, including weekends, and is scheduled to remain on site until Oct. 1.

The center doesn't provide assistance with travel claims, as those will be managed through the military member's command.

"When they come into the EFAC, we will be using the NFAAS [Navy Family Accountability and Assessment System] to conduct an assessment," said EFAC Director Train Hatton from Naval Support Activity Mid-South. "Depending on their needs, we will coordinate services to meet those needs."

The Navy established the EFAC program in 2005 after a succession of hurricanes hit a number of installations along the Gulf Coast. NFAAS is a method the Navy uses to account, assess, manage, and monitor the recovery process for personnel and their families affected and/or scattered by a widespread catastrophic event.

Hatton's team includes case managers from Pensacola, Gulfport, Whiting Field and Corpus Christi — all of which have suffered from the effects of major hurricanes.

"We also have crisis clinicians and a certified personal financial manager with us," Hatton said.

The team also has brought cleaning supplies, snack foods and a limited supply of disposable diapers.

While the primary focus of the program is active duty military families, he said his staff would also assist retired military and DOD civilians in need by directing them to available resources.

The EFAC will also vet volunteers seeking to assist in NAS Key West's recovery, Hatton said.

"We do accept volunteers but we are limiting it to military members," he said, adding that all volunteers must complete an application package as part of the vetting process.

FFSC is located in Bldg. V-4058, 804 Sigsbee Road. For more information, call 305-293-2766.

Bethesda Notebook

Code Green Exercise

Walter Reed Bethesda conducts a Code Green exercise Sept. 29 during normal business hours. The exercise is used to test the medical center's readiness for a multi-casualty event. The exercise will include staged casualties and injuries, emergency response activities, as well as sirens and alarms. Normal patient care will not be impacted. For more information, contact Melissa Knapp at melissa.h.knapp2.civ@mail.mil, or 301-319-4906.

Breast Cancer Awareness

In observance of Breast Cancer Awareness Month in October, there will be a Breast Cancer Awareness Day event Oct. 18 from 10 a.m. to noon in the America Building (Bldg. 19), Great Lakes Conference Room (2525). The event will include discussions for breast cancer patient awareness and their families. Topics of discussion will include survivorship, sexual health, mind/body medicine, nutrition and tips for caregivers. On Oct. 19, there will be a Breast Cancer Summit from 8 a.m. to noon in the same location. Speakers will discuss current research in the fields of pathology, radiology, radiation oncology, physical therapy and surgical oncology.

Fleet, Family Support Center

The Fleet and Family Support Center (FFSC) on Naval Support Activity Bethesda offers programs intended to assist service members and their families with military life. FFSC's workshops and seminars include job search strategies for military spouses, federal resume writing, time management, credit management, consumer financial awareness, interview skills, pre-deployment briefings, return and reunion briefings, and more. For information, call 301-319-4087, or visit FFSC in Building 11, first floor.

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Naval Support Activity Bethesda

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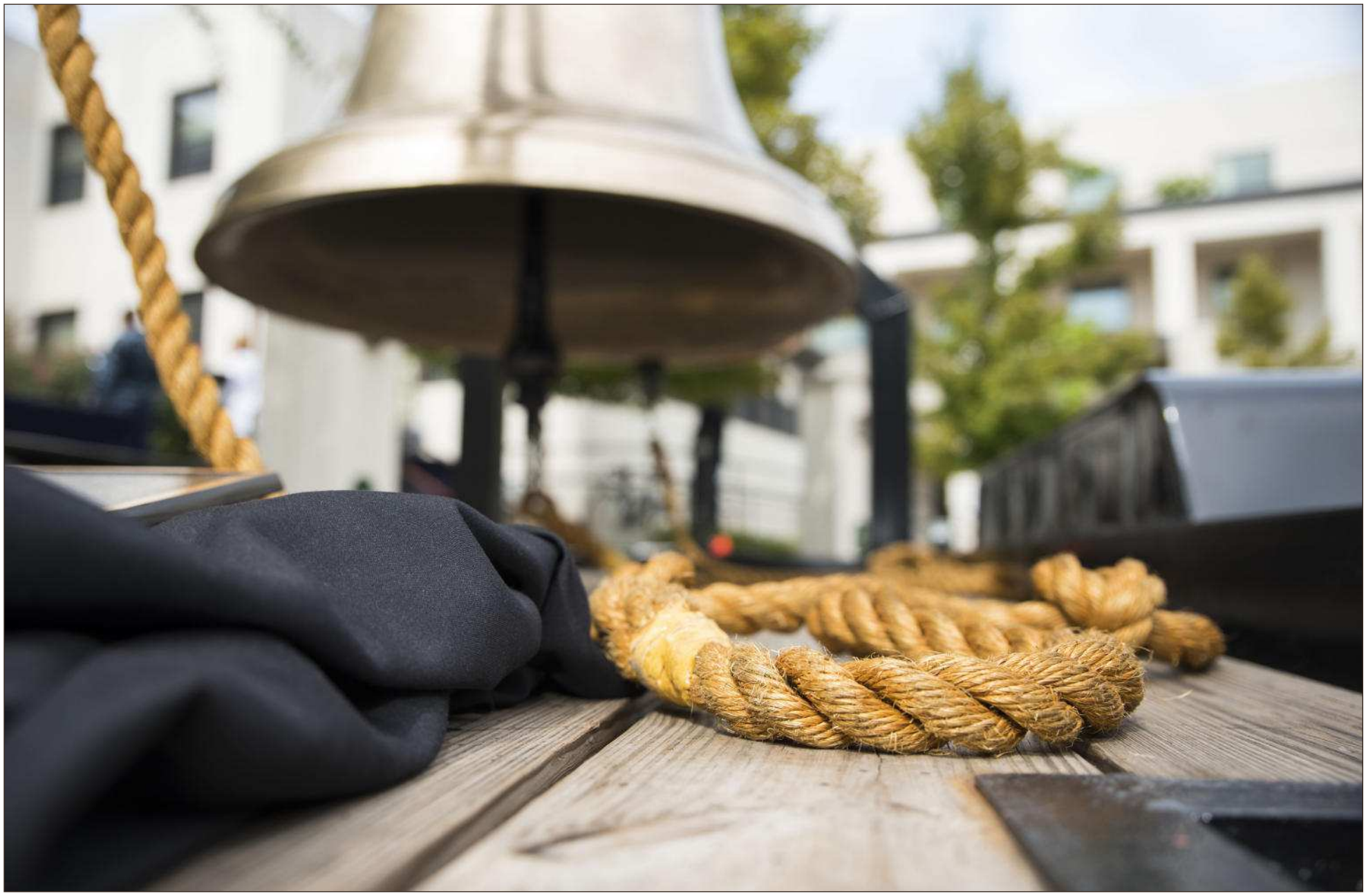
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PHOTOS BY MC2 WILLIAM PHILLIPS

Service members and civilians on Naval Support Activity Bethesda participated in Bells Across America ceremony Sept. 21. The names of fallen service members were called out and a bell was rung for each during the Bells Across America ceremony. The event was held to honor Gold Star Families and those they lost in service to their country.

"Bells Across America" Ring for Service Members

By Andrew Damstedt
The Journal

As names of fallen Sailors were read aloud, a bell was rung to honor them.

Then the bells were sounded four times for those fallen Sailors not mentioned to honor their sacrifices. The brief ceremony was held onboard Naval Support Activity Bethesda Sept. 21 for the second year.

"We're gathered here today for two reasons: First a duty to those who served their country and made the ultimate sacrifice, second, today on Gold Star Mothers and Families Day, we remember the tremendous sacrifices made by those who are left behind — the nation's Gold Star Families" said NSAB Executive Director Bill Meekins. "We remember and honor those who have lost a son, a daughter, a husband, a wife, a mother, or a father while actively serving in the US Armed Forces. The names we call out today represent just a few of the many who have given their lives for our great nation."

Before the names were read by Master-at-Arms 3rd Class Joebert Bierman and Master-at-Arms Seaman Gloria Garza, a moment of silence was held for the deceased service members.

"We're going to ask you take a moment of silence and just think about a person you know, a family or friend that you lost for the ultimate sacrifice of country," said NSAB Chaplain Lt. Cmdr. Christilene Whalen. "And if you have not then most of us have been touched by someone who has, so take a moment of silence and pray for that family and think about that family and lift them up in your hearts today as we begin this remembrance."

NSAB joined other installations in remembering the service members who died while on active duty. The ceremony is held around Gold Star Mother's and Family Day, which observed annually on the last Sunday in September.



Combating the Opioid Epidemic

USU, WVU Form Unique Collaboration

By Sarah Marshall
USU External Affairs



PHOTO COURTESY WEST VIRGINIA UNIVERSITY

Leaders from Uniformed Services University and West Virginia University ceremoniously cut a ribbon in May during the opening of an Integrative Pain Management Center. The new center is using several of USU's DVCIPM resources as a model to help treat state residents battling opioid addiction.

Opioids are the main driver of drug overdose deaths across the U.S., and West Virginia has been among the hardest hit by the crisis, experiencing the highest overdose death rates in the country. With a shared vision of combating this growing epidemic, health care providers and researchers from the Uniformed Services University (USU) and West Virginia University (WVU) recently came together and established an official collaboration to pool their resources.

In 2015, the overdose death rate in West Virginia was an estimated 41.5 per hundred thousand people, an increase of about 17 percent from the year prior, according to the Centers for Disease Control and Prevention. One of the state's worst spots, Cabell County, located in southern West Virginia, has a population of 96,000, and an estimated 10,000 of those residents are addicted to opioids. Additionally, the state's indigent burial fund, which helps families pay for a funeral when they can't afford one, reportedly ran out of money this year for the sixth consecutive year, largely due to the high number of overdose deaths.

As the opioid epidemic continues to have a substantial impact on the state, leaders from WVU reached out to USU's Defense and Veterans Center for Integrative Pain Management (DVCIPM), aware of their efforts to successfully combat opioid misuse in the military over the last several years – perhaps lessons learned in the military would be applicable to their state's current crisis. Leaders from both universities, earlier this year, developed a Cooperative Research and Development Agreement (CRADA), allowing them to now formally share pain management resources, developed by DVCIPM. The agreement also allows the DVCIPM an opportunity to measure the efficacy of the tools they've developed in a new environment – a collaboration that these leaders believe is already adding value to both civilian and military medicine.

Nearly a decade ago, at the height of the Global War on Terrorism, physicians were seeking to help troops get their chronic pain levels to "zero" as they survived combat injuries in record numbers. This was often achieved by using opioids – and using opioids as a single modality – which the military quickly realized was not effective. This approach was impacting many service members and their relationships with loved ones, work, and daily living.

In response, in 2009, then-Army Surgeon General Lieutenant General (Dr.) Eric Schoomaker chartered the Army Pain Management Task Force, which sought to make recommendations for a comprehensive pain management strategy, ensuring an optimal quality of life for service members and other patients dealing with pain. It became clear to the military that pain should be viewed as more than just a "number," and over the last several years, the military has been dedicated to researching and developing more effective tools for pain management, ultimately reducing the number of those potentially exposed to opioid addiction. The task force's efforts led to the development of DVCIPM, which was designated as a Department of Defense Center of Excellence last year.

Schoomaker, now retired, continues to lead these efforts, serving as vice chair for Leadership, Centers, and Programs for USU's Department of Military and Emergency Medicine, which oversees DVCIPM. He explained that with any epidemic, it's necessary to manage more than just the disease, but also the source of the disease. In this case, as the military has learned, chronic pain is a disease in and of itself. The source of this epidemic then largely hovers around poorly managed pain, he said, or in many cases, is a second or third order consequence of using opioids as a primary treatment.

It's important to note, too, that it's not about avoiding the use of opioids altogether, he added. They can still be of great benefit to patients dealing with chronic pain, but what's important is how they're used. Using opioids as the sole modality can lead an individual with chronic pain to become reliant, and then eventually dependent, and possibly addicted to the medication, he said. Based on these lessons learned in the military, it's become evident that using a variety of integrative treatment modalities is most effective.

"We now have good evidence for the use of non-pharmacologic, non-opioid treatments, such as yoga, guided imagery, medical massage, chiropractic, acupuncture, Tai Chi, as well as a closely related movement therapy called Qigong, and music therapy," Schoomaker said. "We have pretty good research to endorse their use."

Because these practices might not work the same for each person, he added, it's important to use a variety of these modalities as part of a comprehensive program, tailored to the needs of an individual with chronic pain.

Now, thanks to the official collaboration between USU and WVU, DVCIPM will have the opportunity to continue researching the efficacy of various integrative modalities and the pain management tools and resources they've developed.

"We owe it to our patients, and we owe it to practitioners, to only use tools that have good evidence for their use," Schoomaker said.

DVCIPM Director Dr. Chester "Trip" Buckenmaier added that DVCIPM's tools and resources have mainly been used in a fairly selective population within the military. Studying their efficacy in a smaller system within a state's civilian infrastructure will allow them to gather and measure data on how successful they can be in a broader population, which will continue to help illustrate the potential these tools have.

"This could have real value for service members," Buckenmaier said. He added that DVCIPM would not be as effective in its endeavors without relationships like this one.

Dr. Schoomaker agreed.

"It's important to have relationships like we have with West Virginia … they pay off in so many different ways that you can never anticipate," he said.

Since the CRADA was established, WVU opened the doors in May to a new Integrative Pain Management Center, which is now treating local residents struggling with chronic pain. There, they've implemented a number of DVCIPM resources to support the residents in their community, such as a more comprehensive pain assessment survey, known as the Pain Assessment Screening Tool and Outcomes Registry (PASTOR). This tool helps generate a detailed 3-page report for physicians about how their patient is experiencing pain. Providers can gather an incredible amount of information about a patient in a matter of just 20 minutes, as opposed to many hours. The pain management center also offers a range of psychiatric

See **OPIOID**
Page 14

WRNMMC Recognizes National Penicillin Allergy Day

Day Highlights Penicillin Allergy Assessment

By A.J. Simmons
WRNMMC Command Communications

Walter Reed Bethesda will observe National Penicillin Allergy Day Thursday, Sept. 28. The day shines a spotlight on the newest advancements in assessing, diagnosing and treating penicillin allergy.

"It falls on the day that Alexander Flemming—a red-letter day in his diary—said, 'I've found penicillin,'" said Navy Lt. Cmdr. (Dr.) Taylor Banks, the clinic chief of the Allergy Clinic and the Navy assistant chief for Graduate Medical Education at Walter Reed National Military Medical Center. The importance of recognizing National Penicillin Allergy Day is that it sheds light on the over-diagnosing of penicillin allergy in modern medicine, according to Banks.

"A lot of things get confused for the penicillin allergy, especially in childhood," Banks explained. "About 10 percent of the population is labelled as penicillin allergic, but when you actually dig into it, 99 percent of them can be cleared safely and effectively."

Banks elaborated that this over-diagnosis is an easily surmounted problem: "I think our approach to penicillin allergy has evolved over time…and a lot of literature has allowed us to both safely and more efficiently evaluate penicillin allergy. We're approaching that 99 percent clearance rate, so we're matching up with what is out there in the literature."

The ability to clear patients of penicillin allergy, as Banks points out, is a "win for everybody." Patients who are cleared of penicillin allergy gain access to first-line antibiotics that they would otherwise not be prescribed. Providers also benefit from the high rate of clearance, as their patients have fewer side-effects and fewer resistant bacterial infections. In addition, providers are able to practice "evidence-based guidelines in terms of what antibiotics [they] want to choose."

Banks also noted the unique connection to operational readiness brought about by being able to clear service members of penicillin allergies. "[Service members labelled with penicillin allergy] get red dog tags, and again, in most cases those are going to be unnecessary, because with proper evaluation, we know that we can clear the vast majority of folks," said Banks.

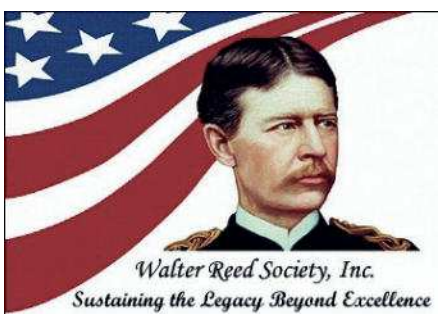
See **PENICILLIN**
Page 10



PHOTO BY AJ SIMMONS

Navy Lt. Cmdr. (Dr.) Taylor Banks, the clinic chief of the Allergy Clinic and the Navy assistant chief for Graduate Medical Education at Walter Reed National Military Medical Center, said, "About 10 percent of the population is labelled as penicillin allergic, but when you actually dig into it, 99 percent of them can be cleared safely and effectively."

Walter Reed Society
Assisting the Wounded, Ill, or Injured Service Members and their Families



The Walter Reed Society is an all-volunteer 501C-3 charitable organization. Its **mission** is to provide financial or direct assistance to service members being treated at Walter Reed National Military Medical Center and their families in response to their unmet needs during their care at Walter Reed.

In cooperation with the Medical Center, the Society also provides assistance with treatment, education, research activities, travel and lodging, and hospital staff support. Since the Walter Reed Society's inception in 1996, the Medical Center and hundreds of service members and their families have received over $2.2 million in assistance.

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WRNMMC Unveils Baby-Friendly Birth Facility Designation Plaque

By Bernard S. Little and Kalila Fleming
WRNMMC Command Communications

Walter Reed Bethesda leadership and Mother Infant Care Center staff unveiled a plaque designating the medical center as a baby-friendly birth facility during a ceremony Aug. 22 in front of the MICC in the hospital.

Navy Capt. (Dr.) Mark A. Kobelja, WRNMMC director, said a focus of his is improving the high quality health care and outcomes delivered at the medical center. "It's hard work. It requires enormous effort. Our patients assume we're [providing high quality health care and outcomes], so they're measuring us on their experiences of care. While we're busy getting at that quality of health care, [our patients] are actually assessing if we are meeting their expectation of the experience of care."

The WRNMMC director added the MICC staff is "brilliant at navigating a high volume, high risk environment" while meeting patients' expectation of experience, which is probably the highest of any level in the hospital.

"It's extraordinarily difficulty what you do here, and you never take anything for granted," Kobelja continued. He said WRNMMC earning baby-friendly designation matters because evidence-based research indicates those breastfeeding initiatives emphasized by Baby Friendly USA, along with the World Health Organization and United Nations Children's Fund, improve the quality of life for mothers and babies, as well as enhance health-care outcomes.

Seeking the designation at WRNMMC was not a "top down" directive coming from leadership, Kobelja furthered. "This was the experts coming to the administration saying, 'We have to do this,'" he stated.

Evaluating WRNMMC for baby-friendly designation during a site visit, Baby Friendly USA assessors were impressed by the MICC team, as well as the volume of care they provide beneficiaries, said Navy Cmdr. Cathy Luna, certified nurse midwife and service chief for Advanced Practice Nurses in the Department of Obstetrics and Gynecology at the medical center.

"Our nurses and other providers work with our moms around the clock to teach them how to breastfeed and bond [with their babies]. They work with the families in the Neonatal Intensive Care Unit. The [baby-friendly birth facility] designation is a reflection of our staff and a testament to the care they provide to our Walter Reed Bethesda families," Luna added.

"When we first moved up here [prior to 2012], we were a family-friendly unit," said retired Navy Capt. (Dr.) Jeffrey Greenwald, a neonatologist in Newborn Medicine, Department of Pediatrics at WRNMMC. "We've always been baby-friendly, and now we have a nice plaque [indicating so]," he added.

"Our staff supports new mothers regardless of their baby-feeding methods," said Leasa Freese, WRNMMC's lead lactation consultant. "Practicing rooming-in, allowing mothers and infants to remain together 24-hours a day, is something we encourage," she furthered.

Freese praised all members of the MICC, NICU and Logistics teams for playing a part in the medical center earning the baby-friendly birth facility designation. "I only train [the nurses and providers]; they are the ones who did the work to make this happen," she added.

Walter Reed Bethesda began seeking the baby-friendly designation in 2012 following the merger of Walter Reed Army Medical Center and the National Naval Medical Center in the summer of 2011. The process for earning the designation requires extensive training and review of a facility's staff.



PHOTO BY KALILA FLEMING

Navy Capt. (Dr.) Mark A. Kobelja, Walter Reed National Military Medical Center director, Navy Lt. j.g. Renee Redman (center), a registered nurse in WRNMMC's Mother Infant Care Center and Leasa Freese, WRNMMC's lead lactation consultant, prepare to unveil the plaque designating WRNMMC as a baby-friendly birth facility during a ceremony Aug. 22 in the hospital.

Prior to the merger of WRAMC and NNMC, neither facility had the baby-friendly designation, although NNMC's labor and delivery unit focused extensively on care of mothers with higher-risk pregnancies. WRAMC stopped baby deliveries in the 1990s and referred obstetrics and gynecology beneficiaries to either NNMC or Fort Belvoir Community Hospital (Va.).

In order to be designated as a baby-friendly facility, WRNMMC had to complete all four phases of the 4-D Pathway to baby-friendly designation, established by the accrediting body for the baby-friendly hospital initiative. Phases of the pathway include discovery (completion of a self-appraisal tool), development (establishing a baby-friendly committee/task force, BFHI work plan, hospital breastfeeding policy, staff training plan, prenatal/postpartum teaching plans, data collection plan), dissemination (staff training and data collection) and designation (implementing quality improvement plan, readiness interview and on-site assessment).

WRNMMC also had to successfully implement and execute the Ten Steps to Successful Breastfeeding for the baby-friendly designation. The steps include the following: having written breastfeeding policy that is routinely communicated to all health-care staff; training all health-care staff in skills necessary to implement the policy; informing all pregnant women about the benefits and management of breastfeeding; helping mothers initiate breastfeeding within one hour of birth; showing mothers how to breastfeed and how to maintain lactation; giving infants no food or drink other than breast-milk, unless medically indicated; practicing rooming in (allowing mothers and infants to remain together 24 hours a day); encouraging breastfeeding on demand; giving no pacifiers or artificial nipples to breastfeeding infants; and fostering the establishment of breastfeeding support groups and referring mothers to them on discharge from the hospital or birth center.

According to the preamble to the U.S. Baby-Friendly Guidelines and Criteria, "evaluations have found that breastfeeding is the single most powerful and well-documented preventative modality available to health-care providers to reduce the risk of common causes of infant morbidity."

The preamble also includes studies that have shown there are significantly lower rates of diarrhea, otitis media, lower respiratory tract infections, Type 1 and Type 2 diabetes, childhood leukemia, necrotizing enterocolitis, and Sudden Infant Death Syndrome in infants who are breastfed. Additionally, women who breastfeed have a lower risk of Type 2 diabetes and breast and ovarian cancers.



WRNMMC Recognizes Certified Nurses

By Kalila Fleming
WRNMMC Command Communications

Staff gathered in the Arrowhead atrium to celebrate and recognize certified nurses at Walter Reed National Military Medical Center (WRNMMC) on August 18.

The event kicked off with words from Director of Nursing Navy Capt. Valerie Morrison, about the medical facility's journey to Pathway of Excellence and explaining the importance of and benefits of nursing certifications.

"Becoming a board certified nurse is taking the next step in one's nursing practice; it is the recognition that a nurse has expert knowledge, skills and abilities to provide the highest quality of care to our patients," Morrison proclaimed.

She added, "A board certified nurse is a nurse who believes that nursing is something more than a job; they are vested in their profession and have the desire to know more, to be more and to give more."

According to an article written by the American Credentialing Nursing Center, "Certification is a formal process by which a certified agency validates nursing knowledge in a defined role and clinical area of practice."

The American Credentialing Nursing Center (ACNC) noted that as healthcare delivery and patient acuity become more complex, the demand for experience and highly skilled care providers with depth and breadth of knowledge is on the rise.



PHOTO BY KALILA FLEMING

Director for Nursing Navy Capt. Valerie Morrison noted that, "Becoming a board certified nurse is taking the next step in one's nursing practice; it is the recognition that a nurse has expert knowledge, skills and abilities to provide the highest quality care to patients."

In a survey of more than 11,000 certified and non-certified nurses, conducted by the American Board of Nursing Specialties (ABNS) more than 90 percent of participants agreed that certification validates specialized nursing knowledge, enhances credibility and indicates a level of clinical competence.

Morrison quoted the ACNC adding that, "The preparation and study necessary for successful completion of certification examination improves the nurse's ability to care for these patients during acute, chronic, and critically ill time frames."

She continued, "Competency requirements for certification renewal ensure that certified nurse's remain up-to-date in the latest information and developments in their specialties."

The American Board of Nursing Specialties also found that 86 percent of survey participants would hire a certified nurse over a non-certified nurse if everything were equal; stating that the most common reasons cited were that certified nurses, "have a proven knowledge base in a given specialty and they demonstrate a greater professional commitment to lifelong learning."

Morrison added that, "Most importantly certification contributes to better patient care and better outcomes of care. There is a growing body of knowledge that ties certification and links certification and nursing knowledge, techniques and judgment effecting our quality and patient safety."

WRNMMC Registered Nurse Army 1st Lt. LaDonna Tolbert also mentioned that certification validates nursing knowledge, skills, and improves quality and safety giving a patient a "benchmark to measure" the level of care and expect to receive in a healthcare facility.

Tolbert explained, "As patient acuity becomes increasingly complex and nurses are called upon to perform more sophisticated care, certification helps to ensure that expertise and clinical judgment keeps pace."

Perioperative Nurse Navy Cmdr. Robert Cuento concluded the event by encouraging non-certified nurses to obtain their certifications and informed them on how departments can boost those opportunities.

"It is great that we are recognizing certified nurses with events such as the [Certified Nurse Appreciation], these can orchestrate a rise in numbers," Cuento expressed.

He concluded, "We definitely want to try and incentivize in addition to becoming certified, and leaders should continue to educate; educate patients, educate other nurses, and continue to educate themselves with research."

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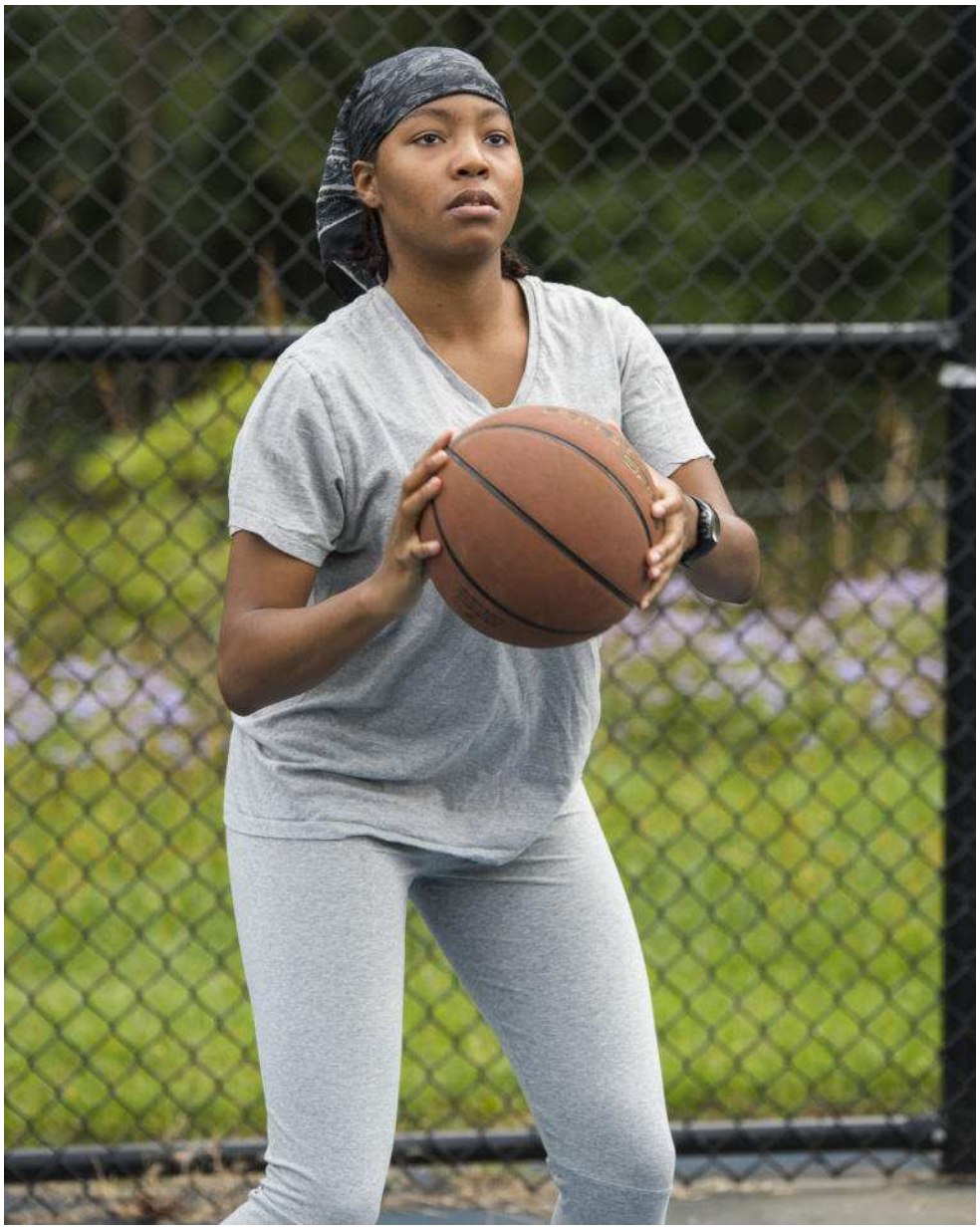
MWR Hosts Armed Forces Olympics

PHOTOS BY MC2 WILLIAM PHILLIPS

Naval Support Activity Bethesda Morale, Welfare and Recreation held an Armed Forces Olympics for personnel on base Sept. 22. The olympics were made up of different events like volleyball, an obstacle course and other activities.










MWR


SPALDING
NBA

PENICILLIN

From Page 5

He furthered that in downrange and more austere environments, "having the full range of what are often first-line agents and what are more readily available to the folks in theater…makes a big difference from an operational readiness standpoint."

The process of penicillin allergy evaluation has taken considerable strides over the past year at WRNMMC, according to Banks. In particular, he noted that the efficiency with which the Penicillin Clinic is able to safely and effectively assess patients has improved to a point that patients now spend significantly less time in the clinic

"That has been great for our patients, who don't have to spend a couple hours with us," he said. "Usually it's just over an hour that they spend in our clinic. That's probably the most exciting thing: that we're able to expand the number of patients that we can help."

Banks offered credit to the multidisciplinary approach used to assess penicillin allergy, which includes the departments of infectious disease, allergy/immunology and pharmacy across a number of Military Health System facilities.

"You need all of those stakeholders in the mix to make this an effective effort and to make sure everybody's aware. We've directly linked with the Naval Academy, with the Readiness Clinic here at Walter Reed, the Readiness Clinic at DiLorenzo Health Care Clinic and the Active Duty Medical Home Port in internal medicine," Banks explained. "This is a readiness issue, and so each of those sites has a point of contact who can directly book into the Penicillin Clinic."

Moving forward, Banks hopes to further develop the process of making and receiving referrals more efficient for patients, establishing a no-hassle process for their allergies to be evaluated at the Penicillin Clinic.

Planning ahead for National Penicillin Allergy Day, Banks pointed out that the most important reason for the day is to spread awareness, saying, "That's what we really need. [Awareness] that this testing exists, it's available, it's safe and it has manifold benefits not just for the general population, but I think particularly for the military population."

During National Penicillin Allergy Day, booths and tables will be set up across WRNMMC to provide patients, families and staff with educational materials regarding penicillin allergy. Banks highlighted the day as an opportunity to directly engage with patients and provides and educate them on the necessity of penicillin allergy assessments for operational readiness.

To learn more about the Allergy Clinic, the Penicillin Clinic or National Penicillin Allergy Day, go to www.wrnmmc.capmed.mil or call (301) 295-4510.

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Migraines: Symptoms, Auras, Treatment

By Kalila Fleming
WRNMMC Command Communications

Headache disorders are amongst the most common disorders of the nervous system.

The most common debilitating headaches are migraines, which are recurrent, often lifelong disorders that begin during puberty, according to the World Health Organization.

Army Lt. Col. (Dr.) Nathan Tagg, chief of the Department of Neurology and neuro-ophthalmologist at Walter Reed National Military Medical Center (WRNMMC) explained the demographics of those who suffer from migraines, as well as why migraines are misunderstood.

"Migraines are more common in women than men, affecting people of all races. One study showed the prevalence in women to be highest; [by race] in Caucasians 20.4 percent followed by African Americans 16.2 percent and Asian Americans 9.2 percent. This same trend held for men as well, but the overall prevalence was lower," Tagg stated.

"Migraine is a complex neurobiological phenomenon that has been difficult to study," Tagg added. Modern techniques such as functional MRI and genome wide association studies have helped advance our understanding of what causes migraine. Based on these studies, treatments specific for migraine have been and continue to be developed. There are a number of very promising medications which have been reported in the medical literature lately."

Dr. Kevin Cannard, a staff neurologist who subspecializes in movement disorder at WRNMMC explained common symptoms that patients reveal when reporting migraines to their physicians.

"[At the onset of a migraine] a minority of people with migraines have an aura. An aura is a symptom that is typically visual, which may come on most commonly before the headache starts," Cannard explained.

"[Patients] may get a spot that slowly enlarges in the center or offset from the center of their visual field and it may grow. That spot may be white or black, it can have sparkling edges, zig-zag edges (which is called a scotoma aura). They may have sparkles (which are called scintillations); these scintillations can appear to look like shooting stars. Patients have also described temporarily losing their vision," he added.

Cannard also stated that [migraines] tend to be worse on one side of the head than the other, however, they can be bilateral (affecting both sides), tending to pulsate; nausea is often a common symptom, as well as a loss of appetite and vomiting when it is severe.

"One of the distinctive hallmarks that those who suffer from moderate to severe migraines is that they typically always want to retreat to a quiet, dark room. Cannard explained, "Patients almost always experience sensitivity to light, which is what we call photophobia. As well as sensitivity to noise, this is also known as phonophobia."

Cannard emphasized these headaches are one of the leading causes of missed work and disability.

The neurologist explained unmanageable migraines are one of the most common causes for service members to receive a Medical Board for possible separation from the military.

From a military standpoint he noted that, "When a person has a visual aura [associated with migraines] they cannot be a pilot or apply to work in other fields [that require visual attentiveness], because this condition is disqualifying."

Navy career counselor Hospital Corpsman 1st Class Darryl Davis explained that a service member who suffers from a condition that precludes them from being "worldwide deployable," [such as migraines] is usually placed in a limited duty status until the condition improves, or he or she faces the possibility of being medically separated."

Tagg referenced Dr. Shuu-Jiun Wang of the Neurological Institute in Taipei, Taiwan and leading expert in migraine disorders elaborated on the comorbidities that have been prevalent with migraine sufferers.

"Migraine headaches are very common and so can co-exist with many other medical conditions, though the relationship is usually co-incidental. Some of the conditions that have been associated with migraine include depression, anxiety, and stroke," according to Tagg's reference.

The treatment of migraines can be divided into two categories. One is preventative treatments, which is also known as a prophylactic treatment. The preventative treatment is given to reduce the number of a person's migraines. The other is rescue medication or aborted medication. [Rescue medication] is to be given when a person begins to have a migraine to get rid of it.

Rescue medications can be anything as simple as a non-steroidal anti-inflammatory agent like ibuprofen.

However, the whole treatment of migraines was revolutionized when a new group of serotonin based medications were developed called the triptans (serotonin receptor agonists); and how they work are they narrow blood vessels in the brain and relieve swelling, Cannard explained.

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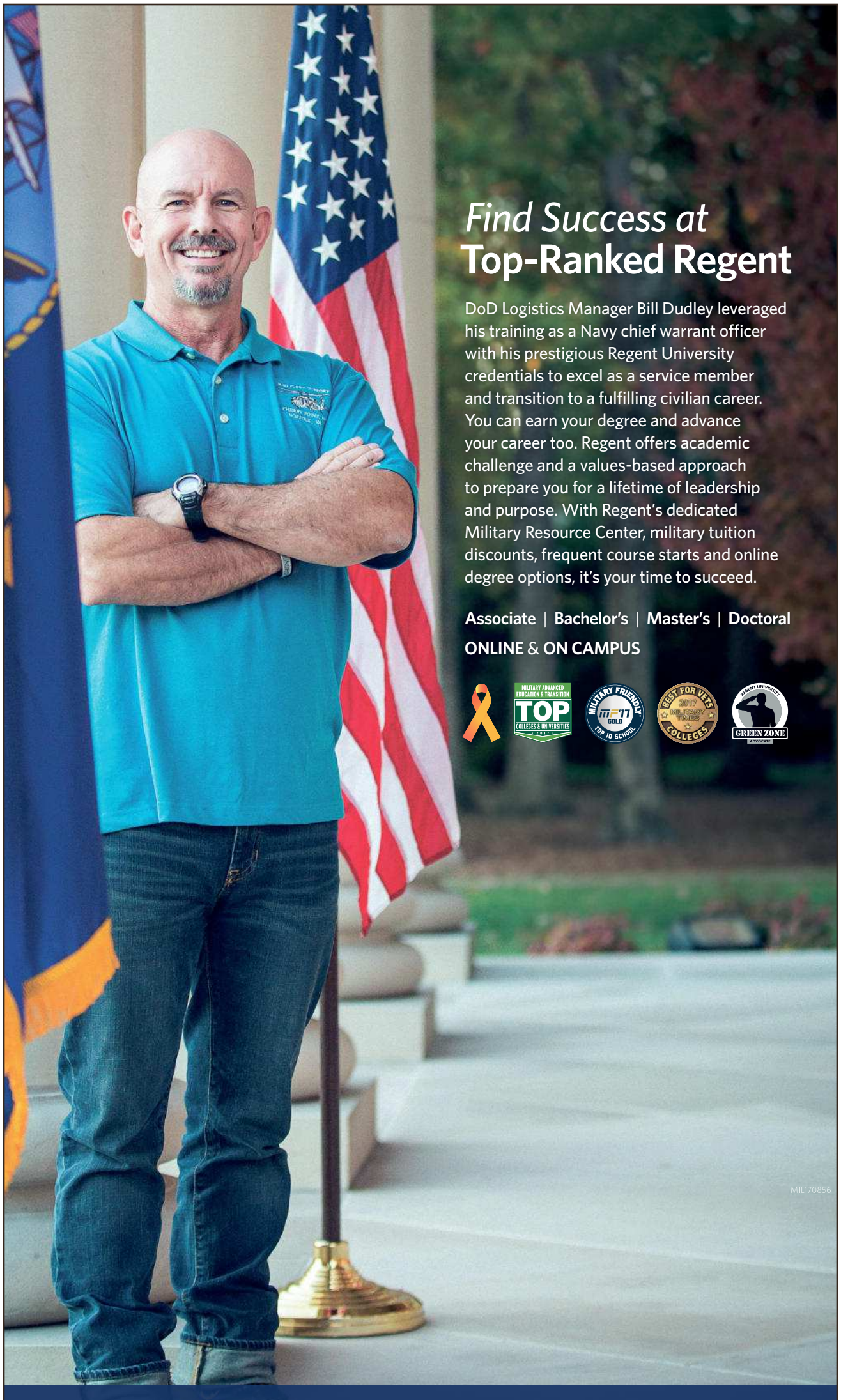


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OPIOID

From Page 4

and psychological services, as well as movement therapy and massage.

The newly opened center is also using DVCIPM's Defense and Veterans Pain Rating Scale (DVPRS), a visual guide that helps physicians better assess how pain is impacting a patient beyond just the standard "0 to 10" scale. This tool encourages patients to define their pain based on how it's impacting their mood, level of stress, and overall well-being. They've also started practicing battlefield acupuncture in the clinical setting, placing tiny, gold acupuncture needles in very specific points in a patient's ear to help reduce their pain – a technique being taught by DVCIPM and the VA to providers in the military. They've also introduced DVCIPM's Joint Pain Education Program, a pain management curriculum designed to teach providers new models of pain care.

"They're using as many tools as they feel are relevant and acceptable to their population," Schoomaker said. "They have worked at warp speed. It's just amazing to see how quickly a unified approach to this could take place … It's really been rewarding to watch. They've demonstrated enormous leadership bordering heroic to do what they're doing."

Dr. Mike Brumage, WVU's assistant dean for Public Health Practice and Service, initiated the effort by reaching out to USU about two years ago, wanting to do something about the issue impacting his native West Virginia. At the time, he had just retired after a 25-year career in the U.S. Army Medical Corps, and was able to connect with former military health colleagues, including Schoomaker and then-Army Maj. Gen. (Dr.) Richard Thomas, who was serving as the Defense Health Agency Chief Medical Officer. Thomas is now USU President, and an alumnus of WVU's undergraduate, dental and medical programs. This quickly led to several more meetings and discussions, led by Dr. Clay Marsh, vice president and executive dean of WVU's Health Sciences Center (HSC), and Dr. Bill Ramsey, assistant vice president of Coordination and Logistics for WVU's HSC. Ultimately, they arrived at a CRADA, signed off by Thomas and Marsh, and have since continued looking for ways to make the most out of their collaboration.

Most recently, Buckenmaier and DVCIPM Deputy Director Dr. Kevin Galloway have traveled to WVU to conduct workshops for staff in their new pain center, open to the local community, in an effort to introduce new DVCIPM tools, such as an outreach program they've developed known as Project ECHO (Extension for Community Healthcare Outcomes). This allows providers, nationwide, to connect through video teleconference to share knowledge for both common and complex diseases, helping to bridge the gap between primary care clinicians and specialists. As a result, patients in rural and underserved urban areas can receive best practice care without long waits or having to travel long distances.

Dr. Marc Haut, chair of WVU's Department of Behavioral Medicine and Psychiatry, has been leading efforts, as a principal investigator, to develop future research projects as part of the CRADA. He noted that this unique collaboration is in line with WVU School of Medicine's mission: to provide clinical care, through evidence-based research, as well as to educate and train a new generation of providers. He hopes that this effort will matriculate beyond their walls, and ultimately support other providers, and residents, throughout the state.

"We have a serious problem, and this is really going to make an impact," Haut said. "Our goal is to take care of the people in the state of West Virginia."

Haut also hopes these endeavors will lead to additional collaborations, in the future, between both universities, within other departments and centers.

Ramsey echoed similar sentiments.

"The power of this collaboration is that DVCIPM and the military have developed these integrative techniques, and now it's very important in a state like West Virginia to be able to offer better pain management. This is a huge opportunity," he added. "They can learn from us, and we can learn from them."

Marsh added the ability to apply lessons learned from the military, and to apply those solutions to the civilian setting, "binds us together."

"Together we can leverage that skill and knowledge to develop and implement solutions that will impact many of the serious problems that confront our world today, including the opioid epidemic," Marsh said.

It all comes down to changing the way we view pain, Schoomaker noted, and that's a cultural change that needs to happen – a challenge because there's no blueprint for it. But what West Virginia has demonstrated – the work they've been doing and their enormous leadership and initiative – borders heroic, he said. The hope is that this joint effort will galvanize further interest from other entities, he added, leading to other similar collaborations, ultimately continuing the fight against this crisis that's impacting our entire nation.

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